



New Jersey Department of Children and Families Policy Manual

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A. OBJECTIVE

To ensure students and staff members are able to respond appropriately to any student who exhibits any risk factor or warning signs of youth suicide in Department of Children and Families Regional School education programs.

B. STANDARDS

1. All Department of Children and Families (DCF) staff members shall be able to respond immediately to any student who exhibits any indication of potential youth suicide or self-harm.
2. In accordance with N.J.S.A. 18A:6-112, all teaching staff members shall receive, at a minimum, a two-hour training on youth suicide awareness and prevention provided by a licensed health care professional with training and experience in mental health issues, in each professional development period.
3. Each DCF Regional School shall work diligently to become a “competent community” in order to prevent youth suicide and to provide a supportive school environment.

C. DEFINITIONS

“Competent community” means all members of the school community; administrators, teachers, support/operations staff members, and students, are observant of at-risk behaviors in youth, and have the capacity to intervene and obtain/refer for assistance as needed. In addition, all members of the community work together to establish a school climate which supports students by strengthening their resilience, coping abilities, and confidence/trust in their school environment.

“Connectedness” means the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups. More specifically, in the school setting, it is the belief by students that adults - and peers – in the school, care about them as individuals as well as about their academic learning.

“Protective factors” mean behaviors, characteristics, and other variables found to offset risk factors of suicide and antecedents of suicidal behavior. They contribute to feeling that life is worth living. Some can be developed and enhanced.

“Risk factors” mean any attribute, characteristic, or exposure of an individual that increases the likelihood of developing a potential for attempting suicide.

“Warning signs” mean behaviors and symptoms that may indicate that a person is at immediate or serious risk for suicide or a suicide attempt.

D. PROCEDURES: TRAINING

1. All teaching staff in each DCF Regional School shall receive the two-hour training on youth suicide awareness and prevention, as delivered by a licensed healthcare professional with training and experience in mental health issues.
 - a. The training shall be identified and disseminated by the Office of Education (OOE).
 - b. Teaching staff shall receive the two-hour training once every five years, or more frequently upon any revision in the definition of the “professional development period” as defined by the New Jersey Department of Education.
 - c. Teaching staff shall be encouraged to participate in additional training sessions as new material is developed and made available.
2. The Education Supervisor (ES) at each Regional School shall maintain the training certificates or other evidence of the successful completion of the training on youth suicide awareness and prevention for all teaching staff members.
3. The ES shall provide notice and make available the two-hour training program to all other staff members in the Regional School.
4. Upon consultation with the OOE Policy and Practice Specialist, or designee, the Supervisor of Education may identify an alternative method of presenting the youth suicide awareness and prevention training to non-teaching staff.

E. PROCEDURES: THE “COMPETENT COMMUNITY”

1. A preliminary and primary understanding for staff in DCF regional schools is for any individual to be observant of students, to listen when students begin to express concerns of potential self-harm, and to act by notifying the appropriate qualified professional for immediate help. School staff are not in the role of a therapist and rather, must make a referral for the specialized interventions or otherwise follow established procedures to address the student's mental health needs.
2. Upon receiving the training identified in section D, above, the Regional School shall convene a meeting of all teaching staff, and others, as identified by the ES, to discuss the concepts of what it means to be a "competent community". Considerations for discussion shall include, but not be limited to:
 - a. Student empirical evidence factors:
 - i. At-risk youth often do not seek help;
 - ii. Suicidal youth will confide their concerns with peers more so than with adults;
 - iii. Troubled youth, including substance use disorder and those who are depressed, prefer peer supports over adults more so than non-troubled youth;
 - iv. Upon learning of a peer's distress, only about 25% will actually inform an adult of their peer's distress;
 - v. Adolescent males do not always respond to troubled peers in empathetic or helpful ways;
 - vi. School personnel are consistently among the last choices of adolescents for discussing their personal concerns;
 - vii. Students often perceive the role of the teacher (instructor, evaluator, disciplinarian) that is in conflict with a comfort level to approach and confide in the teacher;
 - viii. Research indicates that contact with adults, once trust is developed, is a protective factor for troubled youth; and
 - ix. Students who are engaged in helping interactions with peers and who are trained in developing social competence can translate these skills to be a potential help to troubled peers.
 - b. Student risk factors:
 - i. Prior suicide attempt(s);
 - ii. Substance Use Disorder (SUD);
 - iii. Mood and anxiety disorders (e.g. depression, posttraumatic stress disorder);
 - iv. Access to lethal means to commit suicide; and
 - v. Gay and lesbian individuals who have been rejected by their families.
 - c. Additional serious student risk behaviors:
 - i. Talking about feeling trapped or in unbearable pain;

- ii. Talking about being a burden to others;
 - iii. Increasing the use of alcohol or drugs;
 - iv. Acting anxious or agitated; behaving recklessly;
 - v. Sleeping too little or too much;
 - vi. Withdrawing or feeling isolated;
 - vii. Showing rage or talking about seeking revenge;
 - viii. Displaying extreme mood swings; and
 - ix. Any of these in relation to a painful event, a loss or other sudden change in a life circumstance.
 - d. Student warning signs:
 - i. Talking about wanting to die or to kill oneself;
 - ii. Looking for a way to kill oneself, such as searching online or obtaining a gun; and
 - iii. Talking about feeling hopeless or having no reason to live
 - e. Student protective factors:
 - i. Strong family and social ties;
 - ii. Optimism, resilience, life satisfaction, emotional stability;
 - iii. Strong self-esteem, sense of self-worth;
 - iv. Connectedness in the school environment;
 - v. Good problem-solving, coping skills and willingness to seek help;
 - vi. Spirituality and/or belief in a higher power;
 - vii. No firearms in household;
 - viii. No alcohol or drug use; and
 - ix. Availability of physical and mental health care and support sources
3. Staff in the Regional School who are engaged in developing the competent community and the concept of connectedness shall meet periodically and confer, as needed, with group home staff (as appropriate), community partners, the Policy and Practice Specialist or others from the OOE, as needed.
 4. In the event of an attempted suicide in which the student has been removed from the school, the ES and relevant staff members shall make the necessary plans for the return and reintegration of the student to school by implementing the following:
 - a. In planning for a student's return to school, communication and information from mental health professionals who may have treated the student shall be incorporated.
 - b. For students from behavioral health group homes, consultation with group home staff shall be incorporated.
 - c. Information from parents and other relevant community members shall be incorporated, as appropriate.

- d. The potential reactions of other students shall be considered and appropriate planning shall be incorporated.

F. PROCEDURES: RESPONSE ACTIONS FOR IMMINENT RISK SIGNS

1. For a student who becomes distressed and exhibits imminent signs of self-harm, the appropriate members of the school shall closely supervise the student and obtain immediate help.
2. For Regional Schools who receive students from behavioral health group homes, the ES and school staff shall follow any established procedures that have been jointly developed with those group home agencies.
3. For any emergency involving a student who is at immediate risk of self-harm, the ES or any other staff member, shall contact a local ambulance squad/emergency medical services company to access immediate assistance or follow an otherwise established procedure.
4. The ES and/or other knowledgeable school staff member shall provide the known details of the student to the first responder.
5. The ES or his/her designee shall send a school staff member to meet the student at the hospital/medical facility for the purpose of gathering information on the student's status. That staff member shall notify the ES/designee of the student's condition and the immediate plans for treatment as they become known.
6. Notifications to parents/guardians, group home staff and others, as applicable, of the details of an event, shall be made by the ES or his/her designee.
7. The ES or his/her designee shall complete an Unusual Incident Report (UIR), document all necessary information, including the notation of notifications to the parent/guardian, group home staff and others. One of the ~~selecting from~~ the following categories shall be applicable for the UIR:
 - a. Unplanned hospital admission
 - b. Suicide attempt – minor injury
 - c. Suicide attempt – moderate injury
 - d. Suicide attempt – major injury
 - e. Death – unexpected suicide

G. PROCEDURES: RESPONSE ACTIONS FOR WARNING SIGNS

1. Warning signs in students shall be observed, monitored and noted.
2. When a warning sign(s) becomes a concern to any staff member, the ES and others, as appropriate, shall be notified.
3. The members of the competent community shall confer and take appropriate actions as needed to protect the student.

H. PROCEDURES: RESOURCES

Refer to the following documents in the Appendix:

- Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide
- The Role of High School Teachers in Preventing Youth Suicide
- Suicide Prevention Resources for Teens
- Preventing Suicides: A Toolkit for High Schools
- New Jersey Traumatic Loss Coalitions for Youth
- Suicide Prevention for Behavioral Health Providers
- The American Foundation for Suicide Prevention www.afsp.org
- Suicide Prevention Resource Center <http://www.sprc.org/>
- NJ Strategy for Prevention of Youth Suicide
- After a Suicide--A Toolkit for Schools

I. COMPLETED SUICIDE

1. In the event of a complete suicide, the ES or his/her designee shall utilize the *After a Suicide—A Toolkit for Schools* and as needed contact the New Jersey Traumatic Loss Coalitions for Youth and describe the suicide and the steps that have been taken at the time of the contact.
2. The ES/designee shall seek guidance and consider any recommendations from the Coalition.
3. The School Safety Team shall be activated for the purposes of providing additional support as may be advised.

J. TRAINING AND POLICY AWARENESS

1. Upon hire and, every five years at a minimum, all Regional School teaching staff, and others as appropriate, shall receive the approved training, as identified by the Office of Education, to ensure each teaching staff member's competency in the requirements of this policy.
2. Evidence of the completion of any training shall be furnished by the staff member and a copy be provided to his/her supervisor.

/s/

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Director